



Town of Florence, Town Clerk's Office
P O Box 2670 / 775 N. Main Street
Florence, Arizona 85132
Phone: 520-868-7574 or 520-868-7500
Fax: 520-868-7564
TDD: 520-868-7502
www.florenceaz.gov

BUSINESS LICENSE INFORMATION SHEET

The Town of Florence requires a minimum of (2) two licenses to operate a business within our municipality: State Transaction Privilege Tax (TPT) License and a Town of Florence Business License. In addition, various special licenses are required for certain types of business as governed by the State of Arizona which must be submitted along with the application.

Joint State and Town Transaction Privilege Tax (Arizona Sales Tax)

This license is issued by the Arizona Department of Revenue, Tax and Licensing Department. They have offices located in Phoenix, East Phoenix, and Tucson. Please visit their website at <http://www.revenue.state.az.us> or call them at 1-800-634-6494 or (602) 542-4576 for more information.

Town of Florence Business License

The Town of Florence issues this license. Per Title XI Business Regulations of The Code of Florence, Arizona, it requires any person who carries on in the Town any business, game, amusement, calling, profession, or occupation to obtain a Business License before they start any such business. Business license fees vary and are valid for one calendar year and are renewable in December prior to the first day of the new calendar year.

Required Business License Application Information:

1. Signed and completed Business License application
2. Legal Arizona Worker's Act Form AND a copy of one of the listed identifications
3. Copy of your Employer Identification Number Certificate or W-9
4. Copy of your State Sales tax License (TPT) or Exemption Certificate
5. Copy of your Registrar of Contractors License (if required)
6. Copy of your Certificate of Occupancy (if required)
7. Copy of a Health Department Certificate (if required)
8. Copy of State Certification (If you are in the Medical/Legal Profession)

Do you qualify for an Exemption Certificate

Per Title XI, Business Regulations of The Code of Florence Arizona, the following classifications are exempt from having business licenses and must apply for an Exemption Certificate in order to conduct business in the municipality:

- The practice, transaction or carrying on of any business, game or amusement, calling, profession or occupation which is solely engaged in delivery
- By an agency or department of the United States Government for which the government has failed to make provisions allowing states and municipalities to so tax
- Hospitals, whether or not operated for profit
- Physicians, surgeons or nurses not engaged in private practice
- Rental units of three or less, if in a Noncommercial Zoning District
- Sellers of agricultural produce grown within the town by the seller
- Religious, charitable or other nonprofit organizations, institutions or associations
- Any hobby or crafts sales in which the seller is the creator or a non-paid representative of the creator and for which the gross sales of each hobbyist and craftsman shall not exceed \$3,000 in any 12 month period of time
- Employees of any business, game, or amusement, calling profession or occupation either possessing a business license or exempt from having to possess a business license.

Required Information for Exemption Certificate:

1. Signed and completed Exemption Application
2. Legal Arizona Worker's Act Form **AND** a copy of one of the listed identifications
3. Copy of your Certificate of Occupancy (if required)
4. Copy of a Health Department Certificate (if required)
5. Copy of State Certification (If you are in the Medical/Legal Profession)
6. Any other documentation verifying exemption status

Operating a businesses from a residence

Home Occupation: Any occupation or profession carried on by a member of a family, residing on the premises, and which use is clearly incidental to the use of the structure for dwelling purposes and which does not change the exterior character of the premises in any way. There shall be no commodity sold upon the premises, nor shall the use generate pedestrian or vehicular traffic beyond that normal to the district in which it is located, and further there shall be no signs, buildings or structures other than those permitted in the district. A carport or garage may not be used for home occupations. There shall be no use of material or mechanical equipment not recognized as being part of normal household or hobby use. Home occupation shall include the use of premises by a physician, surgeon, dentist, lawyer, clergy person or other professional persons for consultation or emergency treatment, but not for the general practice of the professions

Zoning Compliances/Certificate of Occupancy

You **MUST** have the Florence Community Development Department verify zoning clearance **PRIOR** to having the Town process your Business License or Exemption Application.

For businesses with a Town of Florence address, You **MUST** attach to your application, a Certificate of Occupancy issued by the Florence Community Development Department. The Town may also require a design review application for site design and/or signage.

Please contact Community Development at 520-868-7575 for more information or by visiting them at 600 N .Main Street, Florence, Arizona.

Please remit your application and required information to:

Mailing:

Town of Florence
Town Clerk's Office
PO O Box 2670
Florence AZ 85132.

Physical

Florence Town Hall
Town Clerk's Office
775 N. Main Street
Florence AZ 85132

You can also remit the application by fax to 520-868-7564 or by email at maria.hernandez@florenceaz.gov.

Please contact the Town Clerk's Office at 520-868-7574 or 520-868-7500 or TDD (520) 868-7502 if you need additional information.

This information is also available on our website at <http://www.florenceaz.gov>

APPLICATIONS CAN NOT BE PROCESSED UNTIL THE REQUIRED INFORMATION IS RECEIVED AND PAYMENT IS MADE, NOR CAN THE BUSINESS START IN OUR MUNICIPALITY UNTIL SUCH TIME THAT THE LICENSE IS ISSUED TO YOUR BUSINESS.

BUSINESS LICENSE FEES

APPLICATION FEES

Application Fee for Category 9.700 ONLY (non-refundable and non- applicable against license fee) Split 50/50 with Police Department Record Fees	\$100
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LICENSE FEES

General Business License-Other than specified below	\$50
Distiller, Brewer, Winery's License	\$125
On-Sale Retailers for all liquor	\$250
On-Sale Retailers - Beer & Wine	\$175
Off-Sale Retailer- Beer & Wine	\$125
Grocers License - Beer & Wine	\$175
Restaurant Retailer- Beer & Wine	\$200
On-Sale Retailers- Beer Only	\$150
Off-Sale Retailer- Beer Only	\$100
Restaurant Retailer- Beer Only	\$175
Transient Business (per day)	\$25
Transient Business (per month)	\$300
Off-Sale Retailer- All Spirituous Liquor	\$150
Grocers License- All Spirituous Liquor	\$200
Hotel, Restaurant Retailer or Club License - All Spirituous Liquor	\$250
Banks: Capital, Surplus and Financial Institutions undivided profits are:	
Less than \$300,000	\$100
\$300,000 and over	\$150
Barber Shops and owner	\$50
Barber-Individual	\$25
Beauty Shops and owner	\$50
Beauty Operators/Individual	\$25
Hotels, Motels, Hospitals, Rest Homes, and Sanitariums	
01-10 Rooms	\$50
11-50 Rooms	\$75
Over 50 Rooms	\$100

MEDICAL MARIJUANA

Annual Medical Marijuana Business License Application and Investigation Fee	\$500
Annual Medical Marijuana Employee License Fee (per Employee)	\$250
Annual Medical Marijuana Business License Fee	\$250

Ordinance No. 556-11 effective April 21, 2011

PEDDLE, SOLICITOR, TRANSIENT MERCHANT AND VENDOR / SPECIAL EVENTS / ROADSIDE SALES / EDIBLE FOODSTUFFS VENDOR

Application Fee	\$10
Per day	\$25
Each Helper	\$5
Per month in excess of one month	\$300

CATEGORY 9.700 SEXUALLY ORIENTED BUSINESS

Business License	\$500
Employee License	\$100

OTHER CHARGES

Carnival License	\$75
Late fees per month	\$5
January 1 thru September 30 (Full Fee). Pro-rate at October 1 to December 31 (1/2 Fee). All except Section 9.700.	

Adopted by Ordinance No. 300-00 (10-16-2000). Revised by Ordinance No. 351-04 (9-7-2004)



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BUSINESS LICENSE APPLICATION

Application Type: ☐ New Business – Permanent
☐ Transient Business: ☐ 1 Day ☐ 1 Week ☐ 1 Month (Attach Addendum A & D)
☐ Change to Existing Business License
☐ Closing Business: Effective Date: _____ (Please complete Section VI.)

SECTION I: BUSINESS INFORMATION (please print legibly)

Legal Business Name:	
Doing Business As (DBA):	
Physical Location:	
Will you be opening a physical location within our municipality? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes and different from above, list physical address.
Mailing Address:	
City, State, Zip:	
Phone Number:	
Fax Number:	
Website and/or email:	
Business start date in Florence:	
Name and position of point of contact for business:	Phone No.

FOR BUSINESS LOCATED WITHIN THE TOWN, COMPLETE BELOW:

Do you own your business location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is this your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide Landlord/Property Manager Name, Mailing Address, and Phone Number:
Do you rent a portion of the business premises to another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you sell, store, or handle any hazardous material? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please attach Addendum C – Itemized Hazardous Materials and MSDS sheets for each.

SECTION II: TYPE OF OWNERSHIP

<input type="checkbox"/> Individual/ Sole Proprietorship: Social Security Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Partnership <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Trust <input type="checkbox"/> Joint Venture
<input type="checkbox"/> Sub-Chapter S Corporation <input type="checkbox"/> Other _____
Federal Employer Identification Number: _____ (Attach copy of Certificate or W-9)
State Transaction Privilege Tax (TPT) Number: _____ (Attach copy of TPT License)

SECTION III: OWNERS, PARTNERS, LLC MEMBERS OR OFFICERS

Please complete Section III in its entirety.

You may also supply your Articles of Incorporation in lieu of completing Section III.

Name:		Title:	
Home Address:		Date of Birth:	
City, State, Zip:		Soc. Sec. #	
Phone Number:		DL # & State:	

SECTION IV: LOCATION OF TAX RECORDS (if different from business location)

Name	Address	City, State, Zip	Phone Number

SECTION V: BUSINESS TYPE

<input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> Residential <input type="checkbox"/> Commercial ROC # _____ Attach ROC Certificate	<input type="checkbox"/> RENTALS <input type="checkbox"/> Residential <input type="checkbox"/> Commercial No. of Units _____	<input type="checkbox"/> HOTEL/MOTEL No. of Rooms _____	<input type="checkbox"/> BEAUTY SALON <input type="checkbox"/> BARBER SHOP <input type="checkbox"/> NAIL SALON Complete Addendum B
<input type="checkbox"/> RETAIL SALES Sale of Liquor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which types? <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor License No. _____	<input type="checkbox"/> RESTAURANT Sale of Liquor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which types? <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor License No. _____	<input type="checkbox"/> BAR TAVERN Sale of Liquor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which types? <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor License No. _____	
<input type="checkbox"/> SERVICE ONLY	<input type="checkbox"/> USE TAX	<input type="checkbox"/> TRANSPORTATION	
<input type="checkbox"/> UTILITY	<input type="checkbox"/> OTHER Specify: _____		

DETAILED DESCRIPTION & NATURE OF THE BUSINESS (type of service, what you sell/stock, etc):

SECTION VI: CHANGE OF EXISTING BUSINESS LICENSE

Type of Change: <input type="checkbox"/> Name Change <input type="checkbox"/> Change of address <input type="checkbox"/> New owner of existing business	
Existing Business License Number:	
New Business Name:	
New Owner Name:	
New Physical Location:	
New Mailing Address:	
New City, State, Zip:	
New Phone Number:	

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the license authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the Town. I understand that I may not lawfully engage in business in the Town of Florence until the license is approved. Incomplete forms will not be processed.

Print Name:	Signature:	Title:	Date:

FOR OFFICE USE ONLY

Community Development Approval:	Town Clerk Approval:	License No.	Date Issued:

Additional Owners, Partners, LLC Members, or Officers

Name:		Title:	
Home Address:		Date of Birth:	
City, State, Zip:		Soc. Sec. #	
Phone Number:		DL # & State:	
Name:		Title:	
Home Address:		Date of Birth:	
City, State, Zip:		Soc. Sec. #	
Phone Number:		DL # & State:	
Name:		Title:	
Home Address:		Date of Birth:	
City, State, Zip:		Soc. Sec. #	
Phone Number:		DL # & State:	
Name:		Title:	
Home Address:		Date of Birth:	
City, State, Zip:		Soc. Sec. #	
Phone Number:		DL # & State:	
Name:		Title:	
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City, State, Zip:		Soc. Sec. #	
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Name:		Title:	
Home Address:		Date of Birth:	
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LEGAL ARIZONA WORKER'S ACT FORM

Before issuing a license to any individual, corporation, partnership, etc., one of the following documents must be presented to the municipality and a copy attached to this form indicating that their presence in the United States is authorized under federal law. For anyone other than an individual, a member of the governing body must complete this form.

**Check the box next to the identification/document indicating lawful presence
 AND attach a copy of the document to this form.**

	An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
	A driver license issued by a state that verifies lawful presence in the United States. (See overview of States' driver's license requirements.)
	A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
	A United States certificate of birth abroad.
	A United States passport.
	A foreign passport with a United States visa.
	An I-94 form with a photograph.
	A United States citizenship and immigration services employment authorization document or refugee travel document.
	A United States certificate of naturalization.
	A United States certificate of citizenship.
	A tribal certificate of Indian blood.
	A tribal or Bureau of Indian Affairs affidavit of birth.

This provision does not apply to an individual if ALL of the following apply:

- 1. The individual is a citizen of a foreign country or, if at the time of application, the individual resides in a foreign country.**
- 2. The benefits that are related to the license do not require the individual to be present in the United States in order to receive those benefits.**

Applicant Signature: _____ **Date:** _____

Signature of Municipal Employee: _____ **Date:** _____

Effective Date: November 1, 2008

Legal Arizona Worker's Act – Compliance Guidelines House Bill 2745 – Chapter 152